

**GOLDEN WEST VOLLEYBALL CLUB
WAIVER AND RELEASE OF LIABILITY**

NOTE: This form must be read and signed before the player listed below is allowed to take part in any training, competition, practice/warm-up sessions, and meeting or testing sessions.

1. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits, and carries with it the potential for death, serious injury, or property loss. I HEREBY ASSUME THE RISKS OF PLAYING, PARTICIPATING, OFFICIATING, OR TRAVELING TO OR FROM A VOLLEYBALL EVENT.
2. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:
 - a. I WAIVE, RESLEAVE AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, including that which is the result of the passive concurrent negligence of the personal entities named below, but EXCEPT THAT WHICH IS THE RELULT OF THE ACTIVE CONCURRENT NEGLIGENCE, SOLE NEGLIGENCE OR SOLE WILLFUL MISCONDUCT OF THE PERSONS OR ENTITIIES LISTED BELOW, which arise out of or relate to my participation in, or my traveling to and from the volleyball event, THE FOLLOWING PERSONS OR ENTITIES: Albert Gasparian, the Golden West Volleyball Club, and their officers, directors, employees, representatives and agents; and
 - b. I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and
 - c. I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.
 - d. I WAIVE, REALEASE AND DISCHARGE the persons or entities mentioned above from any and all claims I may have for payments made for services, equipment, or travel, and I hereby acknowledge that all such payments are final and non-refundable.
 - e. I AGREE to accept and abide by all coaching decisions regarding playing time, strategy, practice sessions and all other volleyball related activity, and I acknowledge that such decisions are solely within the discretion of the Golden West Volleyball Club and/or its coaches and staff.

BY SIGNING THIS FOR, I AFFIRM THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

_____ Participants Printed Name	_____ Participants Signature	_____ Date Signed
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_____ I AM UNDER THE AGE OF EIGHTEED (18) YEARS OF AGE. MLY PARENT/GAURDIAN HAS READ AND COMPLETED THE SECTION BELOW.

(If the participant is under eighteen (18) years of age, a parent or guardian or legal guardian of the above named minor hereby minor Participant hereby executes the forgoing Waiver and Release for and on behalf of the minor Participant named herein. I hereby bind myself, the minor, and all other heirs, successors and assigns to the terms of the foregoing Waiver and Release. I represent that I have the legal capacity and authority to act for and on behalf or the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor Participant in the execution of the forgoing Waiver and Release.

_____ Parent /Guardian Printed Name	_____ Parent/Guardians Signature	_____ Date Signed
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_____ Parent /Guardian Printed Name	_____ Parent/Guardians Signature	_____ Date Signed
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